

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90043 004 \*\*\*\*50.00

**DOCUMENT # L05000043803**



1. Entity Name  
 LLPB INVESTMENTS, L.L.C.

Principal Place of Business Mailing Address  
 150 WEST FLAGLER STREET, SUITE 2200 150 WEST FLAGLER STREET, SUITE 2200  
 MIAMI, FL 33130 MIAMI, FL 33130

**20027073**



2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.

01122006 Chg-LLC CR2E083 (11/05)

City & State City & State 4. FEI Number Applied For  
 20-2783472 Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
 FREED, OWEN S Name  
 150 WEST FLAGLER STREET, SUITE 2200 Street Address (P.O. Box Number is Not Acceptable)  
 MIAMI, FL 33130 City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00  
 Due by May 1, 2006**

**Make check payable to  
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MNGR/P <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		
NAME	Luis Pedro Bentin		NAME		
STREET ADDRESS	2101 Brickell Avenue #310		STREET ADDRESS		
CITY-ST-ZIP	Miami, FL 33126		CITY-ST-ZIP		
TITLE	MNGR/VP <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		
NAME	Patricia Bentin		NAME		
STREET ADDRESS	2101 Brickell Avenue		STREET ADDRESS		
CITY-ST-ZIP	Miami, FL 33126		CITY-ST-ZIP		
TITLE	MNGR/S <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		
NAME	Owen S. Freed		NAME		
STREET ADDRESS	150 West Flagler St. Ste 2200		STREET ADDRESS		
CITY-ST-ZIP	Miami, Fl. 33130		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [Signature] 3/20/06 305-789-3456  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #